

**KENTUCKY BOARD OF CERTIFICATION OF FEE-BASED PASTORAL COUNSELORS**  
**COMMONWEALTH OF KENTUCKY**  
**PO BOX 1360**  
**FRANKFORT KY 40602**  
**502-564-3296**

**FOR OFFICE USE ONLY**

DATE \_\_\_\_\_  
ICR NUMBER \_\_\_\_\_  
AMOUNT \_\_\_\_\_  
BOARD REVIEW DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_  
DENIED \_\_\_\_\_  
REVIEWER'S INITIALS \_\_\_\_\_

**Application-Ifor Certification as a Fee-Based Pastoral Counselor for Fellows and Diplomates of the American Association of Pastoral Counselors**

**Please Print or Type all Information**

**SECTION 1**

1. \_\_\_\_\_  
NAME: LAST FIRST MIDDLE
2. \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MAIDEN OR ANY OTHER NAME EVER USED SOCIAL SECURITY # DATE OF BIRTH
5. \_\_\_\_\_  
STREET CITY STATE ZIP HOME TELEPHONE NUMBER
- \_\_\_\_\_ BUSINESS ADDRESS WORK TELEPHONE NUMBER
6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude (including driving while intoxicated, but not including traffic violations) under the laws of any state or of the United States? \_\_\_\_ Yes \_\_\_\_ No--If yes, what offense \_\_\_\_\_  
(Send supporting documentation)
7. Have you ever been discharged or resigned for alleged misconduct or unsatisfactory service from any employment position, from any professional training program, or from any educational program of any college or university? If yes, explain \_\_\_\_\_
8. Are you credentialed as a Fee-Based Pastoral Counselor, or its equivalent, by any other state? \_\_\_\_ If yes, where \_\_\_\_\_
9. Do you hold membership in the Kentucky Association of Pastoral Counselors? \_\_\_\_\_
10. Are you a member in good standing with the American Association of Pastoral Counselors? \_\_\_\_ Yes \_\_\_\_ No  
(If yes, you are not required to complete the endorsement section.)
11. What is your level of certification with the American Association of Pastoral Counselors? \_\_\_\_\_
12. What is your American Association of Pastoral Counselors' membership number? \_\_\_\_\_
13. Please submit a photocopy of your current American Association of Pastoral Counselors' membership card that displays the membership number.

**APPLICANT'S AFFIDAVIT**

**I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Do not print or type)